



REPAYMENT OF REFUND COST CALCULATION REQUEST

R.S. 11:144

MEMBER'S INFORMATION

Name:		Last 4 Digits of SSN:
Mailing Address:		Date of Birth:
City:	State:	Zip Code:
Phone Number:	Email Address:	

REFUNDED SERVICE INFORMATION

Dates of Refunded Service:	Date of Refund:
Name of Employer:	

Are you actively contributing to MERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> If no, please check if this calculation request is for an actuarial transfer to another LA public retirement system or to enter into a reciprocal agreement and indicate to which retirement system you currently contribute to:		

Note: You must be an active member of MERS at least six months before a repayment of refund cost calculation can be completed. Please allow 2-3 weeks for an invoice to be sent to your mailing address listed above.

Signature of Member

Date of Signature

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